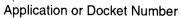
Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY OR (Column 2) SMALL ENTITY (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL AMENDMENT AFTER **PREVIOUSLY RATE** TIONAL **EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X40 ==08XOR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE SMALL ENTITY OR SMALL ENTITY (Column 3) (Column 1) (Column 2) CLAIMS HIGHEST ADDI-ADDI-NUMBER REMAINING **PRESENT** RATE TIONAL LIONAF RATE **AFTER PREVIOUSLY EXTRA** AMENDMENT FEE FEE AMENDMENT PAID FOR **\$**\$ 9= Total Minus X\$18= OR Independent Minus X40 =X80 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= -270= OF. TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **PREVIOUSLY AMENDMENT AFTER EXTRA** FEE FEE AMENDMENT PAID FOR Total Minus X\$ 9= X\$18=OR Independent Minus X40 =X80 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR TOTAL TOTAL OR ADDIT, FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-NUMBER REMAINING PRESENT TIONAL **PREVIOUSLY** RATE TIONAL RATE **AMENDMENT AFTER EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$18= X\$ 9= OR Independent Minus X40= X80 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR ADDIT, FÉE ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.





PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

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		CLAIMS A	S FILED - PART I (Column 1)		(Column 2)		SMALI TYPE	SMALL ENTITY TYPE		OR	OTHER SMALL	THAN
TOTAL CLAIMS						RAT	E	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2 minus 20=		* ~		X\$ 9	= ;		OR	X\$18=	
INDEPENDENT CLAIMS			← minus 3 =		* (X40			OR	X80=	80
MULTIPLE DEPENDENT CLAIM PRESENT							.105			1		00
* If the difference in column 1 is less than zero, enter "0" in column 2						+135			OR	L	790	
CLAIMS AS AMENDED - PART II							1017	\L		OR	TOTAL OTHER	
_		(Column 1)		(Colur	mn 2)	(Column 3)	SMA	SMALL ENTITY			SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***	5 01 4114	=	X40=	=		OR	X80=	
<u> </u>	FINOI PRESE	ENTATION OF MI	OLTIPLE DE	PENDENI	CLAIM		+135		•••	OR	+270=	
							TO	AL			TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	ADDIT. F	tt [-	10.	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=	-		OR	X\$18=	
	Independent	*	Minus	***		=	X40=	:		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135:	_		OR	+270=	
							TOT ADDIT. F				TOTAL ADDIT. FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)	ADDIT, F			,	ADDII. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	RATE	-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=	X40=			OR	X80=	
	FINS PHESE	NTATION OF MU	JUIPLE DEI	PENDENT	CLAIM		1125	\top			270	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270= TOTAL		
***	If the "Highest Nu	mber Previously Pa mber Previously Pa nber Previously Pai	aid For" IN THI	S SPACE is	s less tha	ın 3. enter "3."	ADDIT. F	EL	ronriata hav		ADDIT. FEE	
	gccuii		(iotal o	acponde	, 13 tile	, mynest number	IVUHU III IIIE	app	opnate DOX	CHICOIL	unill I.	